

MAR 20 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jefferson  
Township Valle  
City Weso to (No. ....)

Registration District No. 420  
Primary Registration District No. 3022

File No. 6875  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Miriam Ann Tibbitts  
(a) Residence, No. 400 S. Fourth St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles V. Tibbitts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17 - 1883

7. AGE YEARS 54 MONTHS 54 DAYS 30  
If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ....  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mobile Ala.  
(STATE OR COUNTRY) Mo.

13. NAME Rev. David W. Crain

14. BIRTHPLACE (CITY OR TOWN) Perry Co.  
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Rebecca Ballinger

16. BIRTHPLACE (CITY OR TOWN) Perry Co.  
(STATE OR COUNTRY) Mo.

17. INFORMANT Mr. Millie T. Touse  
(ADDRESS) Weso to - Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Weso to Mo. DATE Feb. 18, 1937

19. UNDERTAKER motherhead  
(ADDRESS) Weso to Mo.

20. FILED Feb 26 1937 Geneva Donnell  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to Feb 17 1937

I last saw her alive on Feb 17 1937 Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

Globar pneumonia Date of onset

Other contributory causes of importance:

Influenza

Name of operation .... Date of ....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ...., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) David Ford, M. D.

(Address) David Ford

